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# Continuity of Care in Infancy and Early Childhood Health Outcomes

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**BACKGROUND AND OBJECTIVES:** Continuity of care is a key aspect of the patient-centered medical home and improves pediatric outcomes. Health care reform requires high-quality data to demonstrate its continued value. We hypothesized that increased provider continuity in infancy will reduce urgent health care use and increase receipt of preventive services in early childhood.

**METHODS:** Continuity, using the Usual Provider of Care measure, was calculated across all primary care encounters during the first year of life in a prospectively-constructed cohort of 17 773 infants receiving primary care from birth through 3 years at 30 clinics. Health care utilization and preventive care outcomes were measured from ages 1 to 3 years. Confounders, including chronic conditions, number of sick visits in the first year, socioeconomic status, and site, were addressed by using multivariable regression models incorporating a propensity score.

**RESULTS:** Demographics associated with the lowest continuity quartile included white race (adjusted odds ratio [aOR] 1.43; 95% confidence interval [CI] 1.25–1.64), Medicaid insurance (aOR 1.41; 95% CI 1.23–1.61), and asthma (aOR 1.59; 95% CI 1.30–1.93). Lower continuity was associated with more ambulatory care-sensitive hospitalizations (adjusted incidence rate ratio 2.74; 95% CI 1.49–5.03), ambulatory sick visits (adjusted incidence rate ratio 1.08; 95% CI 1.05–1.11), and lower odds of lead screening (aOR 0.61; 95% CI 0.46–0.79). These associations were stronger for children with chronic conditions. Continuity measured during well visits was not associated with outcomes.

**CONCLUSIONS:** Continuity may improve care quality and prevent high-cost health encounters, especially for children with chronic conditions. Novel solutions are needed to improve continuity in the medical home.

## Journal:

[Pediatrics](#)

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